

Arizona Early Intervention Program Transition Planning Form

Invitation to Participate in a Transition Conference

District of Residence Information and Invitation			
District Name			
Designated District Contact		Phone Number	
Address	City	State	Zip Code
<p>You are invited to a meeting to develop the transition plan for _____ <div style="text-align: right;">(Child's Name)</div> who is currently enrolled in our agency's AzEIP program. The family's address has been verified and the child resides in the _____ School District. The child's date of birth is _____. The meeting will assist the parents and their team to understand and plan the transition process from early intervention to the appropriate early childhood program(s).</p>			
Meeting Information			
Transition Conference Date		Time	
Location			
Referring AzEIP Service Providing Agency Information			
AzEIP Service Coordinator's Name		AzEIP Service Providing Agency	
Phone Number		Main Office Number (if different)	
Location			
Members on the Transition Planning Team			
Relationship to Child		Name	
Parent(s) ¹			
AzEIP Service Coordinator			
Provider from the Family's IFSP Team			
District Representative			
*Other			
*Other			

*Based on family interest, the service coordinator may invite representatives of other potential programs the family may be interested in such as Head Start, Child Care, Community Preschool, etc.

¹ Parent means (1) a natural, adoptive or foster parent of a child; (2) a guardian; (3) a person acting in the place of a parent (such as a relative or stepparent with whom the child lives, or a person who is legally responsible for the child's welfare); or (4) a surrogate parent who has been assigned in accordance with relevant law. "Parent" does not include the State.